



**south dakota**  
**DEPARTMENT OF EDUCATION**

South Dakota State Library

**Registration Form**

**LIBRARY TRAINING INSTITUTE 2007  
REGISTRATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip +4: \_\_\_\_\_

Library: \_\_\_\_\_

Library Address: \_\_\_\_\_

Library City: \_\_\_\_\_ Zip +4: \_\_\_\_\_

Library Phone: \_\_\_\_\_ Hours Available: \_\_\_\_\_

Email Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Social Security: \_\_\_\_\_ Name Badge: \_\_\_\_\_

Staying in Dorm? Yes/No: \_\_\_\_\_ If "No", go to last question.

Smoking? Yes/No: \_\_\_\_\_ Prefer a Roommate? Yes/No: \_\_\_\_\_

Assign Roommate? Yes: \_\_\_\_ No, I choose Roommate: \_\_\_\_\_

Bunk Bed preference? Top/Bottom: \_\_\_\_\_

Anything else to note? Special diet/allergies: \_\_\_\_\_

FAX to: 605-773-6962

MAIL to: CE Coordinator  
South Dakota State Library  
800 Governors Drive  
Pierre, SD 57501-2294

DEADLINE: April 15, 2007

Signature: \_\_\_\_\_ Date: \_\_\_\_\_